

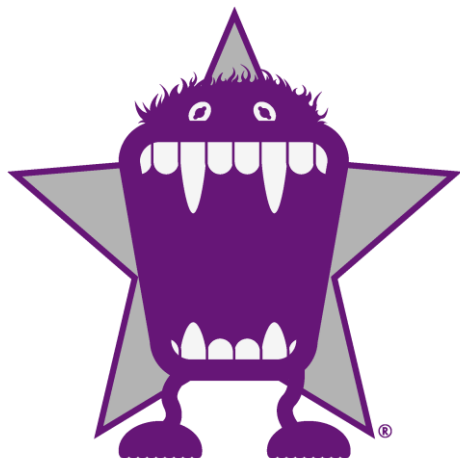


The City of San Diego Park and Recreation Department
"We Enrich Lives Through Quality Parks and Programs"

www.sandiego.gov



LINDA VISTA YOUTH BASKETBALL



We are currently signing up participants for this year's Winter Youth Basketball League. If your child is interested in playing, complete the Waiver, Release of Liability, and Authorization for Medical Treatment form on the back and return it along with a copy of your child's birth certificate. Registration is open to the first 40 participants in each division. Cost: \$5.00

L I N D A V I S T A

M^{ON}STARZ[®]

Registration begins November 1, 2011
Games begin the 2nd week of January.*

Divisions

5 - 7 years old, 8-10 years old, 11-12 years old, 13-14 years old.
Age as of March 18, 2012

Linda Vista Recreation Center
7064 Levant Street San Diego, CA 92111
858 573-1392

*Tentative start of the regular season games.

AS A RECIPIENT OF FEDERAL FUNDS, THE CITY OF SAN DIEGO CANNOT DISCRIMINATE AGAINST ANYONE ON THE BASIS OF RACE, COLOR, GENDER, RELIGIOUS CREED, MARITAL STATUS, SEXUAL ORIENTATION, ANCESTRY, NATIONAL ORIGIN, AGE, MENTAL OR PHYSICAL DISABILITY, MEDICAL CONDITION (INCLUDING HIV, AIDS & AIDS-RELATED COMPLEX). IF ANYONE BELIEVES HE OR SHE HAS BEEN DISCRIMINATED AGAINST, HE OR SHE MAY FILE A COMPLAINT ALLEGING THE DISCRIMINATION WITH EITHER THE CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT (CONTACT DISTRICT MANAGER (619) 221-8804) OR THE OFFICE OF EQUAL OPPORTUNITY, U. S. DEPARTMENT OF THE INTERIOR, WASHINGTON, D.C. 20240. THIS INFORMATION IS AVAILABLE IN ALTERNATIVE FORMATS UPON REQUEST. PRINTED ON RECYCLED PAPER.

CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT AND RECREATION COUNCIL
WAIVER, RELEASE OF LIABILITY, AND AUTHORIZATION FOR MEDICAL TREATMENT

PARTICIPANT'S NAME (*PRINT*): _____ DATE OF BIRTH: ____ / ____ / ____

ADDRESS: _____
Number Street Apt./Suite City State Zip Code

PHONE: () _____ EMERGENCY CONTACT NAME: _____ EMERGENCY CONTACT #: () _____

FAMILY PHYSICIAN: _____ TELEPHONE: () _____ INSURANCE COMPANY: _____

Pertinent Medical History Information (Epilepsy, Diabetes, Allergies, etc.): _____

In consideration of being allowed to participate in City of San Diego and Recreation Council Programs, I acknowledge and agree that:

1. Neither the City of San Diego nor the Recreation Council maintains health insurance for injuries to the participant that may arise out of involvement in classes/activities/events.
2. By virtue of participation, **PARTICIPANTS RISK BODILY INJURY, INCLUDING, BUT NOT LIMITED TO, PARALYSIS, DISMEMBERMENT, AND DEATH AND OTHER LOSS INCLUDING DAMAGE TO PROPERTY.**
3. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK FOR MY CHILD (AND/OR MYSELF).**
4. **I RELEASE AND HOLD HARMLESS AND PROMISE NOT TO SUE THE CITY OF SAN DIEGO OR THE RECREATION COUNCIL**, their officers, agents or employees with respect to any and all such injury including, but not limited to, paralysis, dismemberment, death or loss except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations.
5. I agree to inform my child that he/she must follow (or I agree to follow) all safety rules, as well as any instructions given during the classes/activities/events listed below, including during lessons, practices, meets, special events, field trips, games or tournaments.
6. I hereby authorize and give my consent for medical care to be given in an emergency situation to the above named child (or to myself) while participating in this activity, including during lessons, practices, meets, special events, field trips, games or tournaments.
7. **THIS AGREEMENT IS BINDING ON MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS.**
8. I hereby give permission for the above named child (or myself) to be photographed, videotaped or recorded for publicity purposes and that I waive all claims for compensation.
9. I certify to the best of my knowledge my child's (or my) current physical condition is satisfactory for participation in the classes/activities/events listed below and that he/she (or I'm) free of any health problem that would affect his/her (or my) ability to participate. Please note: Individuals with health conditions such as, but not limited to, chronic allergies (i.e. asthma), seizures and epilepsy may not participate until a medical clearance has been submitted. In addition, I must notify the coach/instructor/leader of any health condition(s) prior to participation.
10. I understand and agree that it is my sole responsibility to ensure that the address and emergency contact information are accurate at all times.
11. **CONSENT TO TREATMENT OF A MINOR:** In the event of sudden illness, accident or injury which may occur while said minor is engaged in classes/activities/events by City of San Diego and their representative, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent for emergency treatment as shall be necessary under the circumstance by any physician licensed under the laws of the State of California.
12. The classes/activities/events to which this waiver, release of liability and authorization for medical treatment pertain are:

<i>Class/Activity/Event</i>	<i>Participant or Parent/Legal Guardian Initials</i>	<i>Date</i>
a. Flag Football	_____	____/____/____
b. All Athletic Clinics	_____	____/____/____
c. Basketball	_____	____/____/____
d. Soccer	_____	____/____/____
e. Baseball	_____	____/____/____
f. Softball	_____	____/____/____
g. Co-ed Volleyball	_____	____/____/____

PARTICIPANT'S SIGNATURE (If Participant is 18 years or older): _____

PARENT/LEGAL GUARDIAN SIGNATURE REQUIRED IF PARTICIPANT IS 17 YEARS OF AGE OR YOUNGER: This is to certify that as a Parent or Legal Guardian of the participant, I consent to his/her waiver and release as set forth above. I realize participation in this program is voluntary.

Parent/Guardian Name (*Print*): _____ Relationship: _____

Parent/Guardian Signature: _____ Date Signed: ____ / ____ / ____